

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060150	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/17/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER NORTHLAKE HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 9108-REAMES ROAD CHARLOTTE, NC 28216
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	<p>Initial Comments</p> <p>Report of a Construction Section Biennial Survey by Suzanna Fay conducted on April 17, 2024.</p> <p>Records indicate this facility was first licensed on October 24, 2016 for 48 Special Care Beds. Based on this information, the facility was surveyed using the 2005 Rules for Adult Care Homes of Seven or More Beds and the 2012 edition of the NC State Building Code, section 407 I-2.</p> <p>Deficiencies were cited that require a Plan of Correction.</p>	C 000	<p>"Responses to the cited deficiencies do not constitute an admission or agreement by the facility of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies Corrective Action Report; the Plan of Correction is prepared solely as a matter of compliance with State</p>	
C 164	<p>Housekeeping and Furnishings-Clean, Repaired</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</p> <p>(a) Adult care homes shall:</p> <p>(1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;</p> <p>(2) have no chronic unpleasant odors;</p> <p>(3) have furniture clean and in good repair;</p> <p>(e) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Observations revealed that the furnishings were not kept in good repair. Loose handrails can cause injury from a slip or fall if the rail can no longer support the resident, staff or visitor.</p> <p>Findings on April 17, 2024:</p> <p>a. Exit near Room 206 - the handrail to the right of the door is loose.</p> <p>2. Observations revealed that the ceilings and</p>	C 164	<p>Maintenance will ensure that during his daily walk throughs of the community that housekeeping and furnishings are in good repair. To maintain compliance Facility Maintenance manager will complete the following:</p> <p>1. adjust/repair the handrail observed to be loose to the right of the door near room 206.</p> <p>2. exhaust fans in the laundry room will be cleaned</p> <p>3. Laundry floor and dryer ducts will be cleaned and maintained and all excessive amount of lint will be removed.</p>	

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060150	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 04/17/2024
--	--	--	---

NAME OF PROVIDER OR SUPPLIER NORTHLAKE HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 9108-REAMES ROAD CHARLOTTE, NC 28216
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 164	Continued From page 1 floors were not kept clean. Findings on April 17, 2024: a. Laundry - the exhaust fan had an excessive amount of lint on the grille. b. Laundry - there was an excessive amount of lint built up on the floor and dryer ducts behind the dryers.	C 164		
C 184	Fire Safety-Evacuation plan SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (a) A written fire evacuation plan (including a diagrammed drawing) which has the written approval of the local Code Enforcement Official shall be prepared in large print and posted in a central location on each floor of an adult care home. The plan shall be reviewed with each resident on admission and shall be a part of the orientation for all new staff. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Observations revealed that the evacuation plans were not oriented to the direction of travel in order to direct residents, staff and visitors to the nearest exit. Findings on April 17, 2024: a. The Evacuation Plan by Room 210 was not oriented in the direction of travel. This was corrected at the time of survey.	C 184	The Facility Maintenance Manager will ensure on his daily walk throughs that all Evacuation plans are oriented in the direction of travel.	
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060150	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/17/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER NORTHLAKE HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 9108-REAMES ROAD CHARLOTTE, NC 28216
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

C 189	<p>Continued From page 2</p> <p>10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition.</p> <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. This could affect occupants of the facility if egress paths and exits were not illuminated during a power outage.</p> <p>Findings on April 17, 2024:</p> <p>a. South Courtyard - the emergency light near the picnic table did not illuminate on test.</p> <p>b. Break Room - the emergency light did not illuminate on test.</p> <p>c. Soiled Linen - the emergency light did not illuminate on test.</p> <p>d. The exterior emergency light at the Service Hall exit did not illuminate on test.</p> <p>e. Kitchen - the emergency light over the dish washing area did not illuminate on test.</p> <p>f. North Courtyard - there was a pattern of emergency lights in this area not working.</p> <p>2. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. Occupants of the facility could be affected if the signs indicating exit paths could not be seen in the event of an emergency evacuation.</p> <p>Findings on April 17, 2024:</p>	C 189	<p>Maintenance will ensure all emergency lights illuminate during tests and are in good working order by conducting routine checks, to include repair to the emergency lights near the picnic table in the South Courtyard, break room, soiled linen, service hall exit exterior, kitchen over the dishwashing area, and all of North Courtyard.</p> <p>If during walk throughs the Facility Manager discovers exit lights are not in good working repair he/she will report immediately the findings and reach out to the Executive Director and Regional Maintenance Manager for support in repairs.</p>	
-------	--	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060150	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/17/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER NORTHLAKE HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 9108-REAMES ROAD CHARLOTTE, NC 28216
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X6) COMPLETE DATE
--------------------	--	---------------	---	--------------------

C 189	<p>Continued From page 3</p> <p>a. The exit sign at the cross corridor doors by Room 210 did not illuminate on test. b. The exit sign at the cross corridor doors by the Data Closet did not illuminate on test.</p> <p>3. Based on observation and interview with staff, the facility's fire safety equipment is not maintained in operating condition. Failure to maintain fire safety equipment in operating condition could affect occupants of the facility if the equipment did not operate during a fire.</p> <p>Findings on April 17, 2024: a. Riser Room - two of the gauges on the riser have gone bad. The parts are on order.</p> <p>4. Observations revealed that the plumbing equipment was not maintained in a safe and operating manner. Water Closets securely mounted to maintain seal prevent water leaks and sewer gas from entering the facility.</p> <p>Findings on April 17, 2024: a. Room 202 Bath - the toilet is not secure to the floor. b. Room 208 Bath - the toilet is not secure to the floor.</p> <p>5. Observations revealed that the plumbing equipment was not maintained in a safe and operating manner.</p> <p>Findings on April 17, 2024: a. Visitor Bath by Room 208 - the flapper appears broken and the toilet is not flushing.</p> <p>6. Based on observation, the electrical equipment is not being maintained in a safe operating condition. Missing or broken cover plates on electrical devices may cause injury to</p>	C 189	<p>Maintenance will ensure all emergency exit signs illuminate during tests and are in good working order by conducting routine checks, to include repair to the exit sign at cross corridors near room 210 and the exit sign at the cross corridors by the data closet.</p> <p>Once parts are delivered, the guages in the riser room will be repaired.</p> <p>Maintenance will secure the toilets to the floor in bathrooms of rooms 202 and 208.</p> <p>Maintenance will repair the flapper to the toilet in the visitor bathroom near room 208 to ensure it flushes properly.</p>	
-------	---	-------	---	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060150	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/17/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER NORTHLAKE HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 9108-REAMES ROAD CHARLOTTE, NC 28216
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

C 189	<p>Continued From page 4</p> <p>the occupants of the facility if wiring is exposed.</p> <p>Findings on April 17, 2024:</p> <p>a. Room 208 - the cover plate for the light switch is missing.</p> <p>7. Based on observation there is a failure to maintain the building's fire safety systems in a safe condition. Holes or gaps at penetrations through fire resistant rated ceilings could allow fire and smoke to spread beyond the area of origin.</p> <p>Findings on April 17, 2024:</p> <p>a. The escutcheon ring on the sprinkler head near the emergency light at the Nurses' Station has dropped leaving a gap in the fire resistant rated ceiling.</p> <p>b. Bathroom at Nurses' Station - the escutcheon ring on the sprinkler head has dropped leaving a gap in the fire resistant rated ceiling.</p> <p>c. Riser Room - there is a 3" diameter hole in the ceiling along the back wall with a 1 1/2" pipe running through the opening.</p> <p>d. Service Hall - there is an unsealed WiFi cable penetration outside the Kitchen.</p> <p>8. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. Occupants in the smoke compartment could be exposed to smoke or fire if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin.</p> <p>Findings on April 17, 2024:</p> <p>a. Soiled Linen - the latch was stuffed with paper so that the door could not latch when closed. This was corrected at the time of survey.</p> <p>b. The door latch between Soiled Linen and</p>	C 189	<p>Maintenance will replace the missing cover plate for the light switch in room 208.</p> <p>Facility Maintenance manager will repair holes and gaps found at penetrations through fire resistant rated ceilings. The following areas will be repaired:</p> <p>a. The escutcheon ring on the sprinkler head at the nurses station.</p> <p>b. The escutcheon ring on the sprinkler head at the bathroom in the nurses station</p> <p>c. In the riser room the 3" diameter holding the ceiling</p> <p>d. the unsealed WiFi cable in the service hall outside the kitchen.</p>	
-------	---	-------	---	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060150	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/17/2024
NAME OF PROVIDER OR SUPPLIER NORTHLAKE HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 9108-REAMES ROAD CHARLOTTE, NC 28216	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETE DATE
C 189	Continued From page 5 Laundry was stuffed with paper so that the door could not latch when closed. The paper was removed, but the door did not automatically close and latch when released. 9. Based on observation the facility's fire safety components are not being maintained in a safe operable manner. Doors were blocked open or held open by unapproved devices or methods. All the occupants in the facility could be effected if doors cannot be closed or closed rapidly so as to limit the spread of smoke and fire to the area of origin. Findings on April 17, 2024: a. Living Room - the doors were propped open using a wedged device.	C 189	Maintenance will work to repair door latch on door between soiled linen and laundry. Doors will not be held open using wedged devices.
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by:	C 199	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060150	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/17/2024
NAME OF PROVIDER OR SUPPLIER NORTHLAKE HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 9108-REAMES ROAD CHARLOTTE, NC 28216	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETE DATE
C 199	<p>Continued From page 6</p> <p>1. Observations revealed that the facility did not maintain exhaust ventilation in specified spaces. Lack of ventilation allows for the build up humidity that can cause mildew and slick areas and prevents the dissipation of odors.</p> <p>Findings on April 17, 2024:</p> <ul style="list-style-type: none"> a. Room 202 Bath - the exhaust fan is not working. b. Break Room Toilet - the exhaust fan is not working. c. Soiled Linen Room - the exhaust fan is not working. d. Residential Laundry - the exhaust fan is not working. 	C 199	<p>Maintenance will work to repair exhaust fans in bathroom of room 202, break room toilet area, soiled linen room, and residential laundry room.</p> <p>Facility Executive Director will ensure all trainings and education is provided to the Facility Maintenance Manager to avoid further issues and concerns with compliance. Facility Maintenance Manager will review all areas above during walk throughs of the community and ensure reportings are immediately made to the Executive Director and Regional maintenance manager for support in repairs.</p> <p>Facility expected compliance: 6/11/2024</p>



NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

April 26, 2024
Tiffany Kaminski, Executive Director (via email only)
9108 Reames Road
Charlotte, NC 28216

RE: Northlake House – ACH Biennial Survey
9108 Reames Road
Charlotte (Mecklenburg County)
FID #160264

Dear Ms. Kaminski:

Thank you for the cooperation and courtesies extended during the recent Division of Health Service Regulation (DHSR) – Construction Section Biennial survey of your facility on April 17, 2024. As a result of the survey, deficiencies were cited which will require an acceptable Plan of Correction. The deficiencies cited are listed on the enclosed Statement of Deficiency. Your Plan of Correction should indicate the following:

- What corrective action(s) will be accomplished in those areas of the facility found to have been affected by the deficient practice;
- How you will identify other areas of the facility having the potential to be affected by the same deficient practice and what corrective action will be taken;
- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,
- How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.
- Include dates when corrective action will be completed. The corrective action dates must be acceptable to the State.
 1. Corrective action must begin immediately.
 2. Any completion date greater than 45 days from date of survey requires a written waiver from DHSR – Construction Section.

Please type or print clearly your correction action on the enclosed Statement of Deficiencies. You will need to

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

CONSTRUCTION SECTION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2705 Mail Service Center, Raleigh, NC 27699-2705
<https://info.ncdhhs.gov/dhsr/> • TEL: 919-855-3893 • FAX: 919-733-6592

SIGN, DATE, AND RETURN the Plan of Correction to DHSR – Construction by May 11, 2024. Failure to return the signed Plan of Correction within this time period could jeopardize the status of your license. The PROVIDER may copy form(s) to be retained for your files.

Your Plan of Correction can be:

Mailed to: DHSR Construction Section
2705 Mail Service Center
Raleigh NC 27699-2705

Faxed to: (919) 733-6592

Emailed to: DHSR.Construction.Admin@dhhs.nc.gov

Prior to making any changes to your facility you will need to verify with the local Building Official whether or not a permit is needed to make the changes on the enclosed Statement of Deficiencies. The North Carolina State Building Code requires that "No person, firm or corporation shall erect, construct, enlarge, install, alter, repair, move, improve, convert or demolish any building, structure, or service system without first obtaining a permit for such from the Inspection Department having jurisdiction."

Informal Dispute Resolution

In accordance with G.S. § 131D-2.11(a2), you have one opportunity to question cited deficiencies through an informal dispute resolution (IDR) process. You may also contest the severity of noncompliance that resulted in a violation determination. To be given such an opportunity, you are required to send your written request identifying the specific deficiencies being disputed postmarked by May 11, 2024. An explanation of why you are disputing those deficiencies (or why you are disputing the severity of noncompliance that resulted in a violation determination) along with any supporting documentation must be sent and postmarked by May 11, 2024. You must submit 2 copies of material and highlight or use some other means to identify written information pertinent to the disputed deficiency(ies). Additional written material that does not meet these requirements will not be reviewed. This information should be sent to: Jeff Harms, Acting Construction Section Chief, 2705 Mail Service Center, Raleigh NC 27699-2705. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action. IDR Procedures can be accessed at: <https://info.ncdhhs.gov/dhsr/>.

Please do not hesitate to call us if you have questions concerning the deficiencies or if we can be of other assistance.

Sincerely,

Suzanna Fay

Suzanna Fay
Biennial Institutional Engineering Surveyor
DHSR – Construction Section

cc: DHSR – Adult care Licensure Section
County Building Inspection Department – with attachment (via email only)
Mecklenburg County DSS – with attachment (via email only)